

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047633

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 195

Primary Registration District No. \_\_\_\_\_

Registrar's No. 79-62

FILED JAN 8 1963

## 1. PLACE OF DEATH

a. COUNTY

McDonald

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Noel,

Length of stay in 1b

31 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

N. Elm(home)Noel, Mo.

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY McDonald

admission)

c. CITY

OR

TOWN Noel,

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS N. Elm

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Bonnie

Middle

May

Last

Todd

## 4. DATE OF DEATH

Month

Day

Year

Dec. 30, 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married

Widowed ☒

## Never Married

Divorced ☐

## 8. DATE OF BIRTH

12/3/1891

## 9. AGE (last birthday)

71

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Owner of Noel Ice Plant

## 10b. KIND OF BUSINESS OR INDUSTRY

Retired

## 11. BIRTHPLACE (City and state or country)

Lawrence Co. Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

William H. McMillian

## 13b. MOTHER'S MAIDEN NAME

Dosia Hudgings

## 14. NAME OF HUSBAND OR WIFE

Jess Todd

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, No or unknown) (If yes, give war or dates of service)

No

## 17. INFORMANT

Address

Jess Todd, Noel, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Hydrostatic Pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

Paralysis & Passive Failure

#### DUE TO (c)

Cerebral Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Senility

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

## 20d. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1956 to 1962 and last saw her alive on Dec. 30, 1962

Death occurred at 2:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Lawrence Co. Mo.

## 22c. DATE SIGNED

12-31-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

1/2/1963

## 23c. NAME OF CEMETERY OR CREMATORY

Ash Grove Cemetery

## 23d. LOCATION (City, town, or county)

Ash Grove, Missouri

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Downey-Woodard-Mooney, Noel, Mo.

## 25. DATE RECD. BY LOCAL REG.

Dec 31, 1962

## 26. REGISTRAR'S SIGNATURE

Mary A. Bradley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wayne A. Massard

Licensed Embalmer No. 5172

P. O. Address Noel, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.